



Pauline Weston Bursary Program  
**APPLICATION FORM**

**Part 1: APPLICANT INFORMATION**

Applicant Name:	
Title:	
Organization/Agency:	
Mailing Address:	
Phone #:	
Email:	

1. How many years have you been a manager of volunteers? Please list the agencies you have managed volunteers for and your length of service (paid or unpaid positions):
2. Have you or any one in your agency been previously granted a K.A.A.A.V. Bursary? \_\_Y \_\_N
3. Would you be willing to sit on the Bursary Selection Committee in the future? \_\_Y \_\_N
4. What is the name and date of the conference/workshop/training professional development event you are attending, where will it be held, who is organizing it? NOTE: Please remember to submit a copy of the conference/workshop/training event (i.e. brochure, program, advertisement, etc)

**Part 2: BURSARY REQUEST**

Amount of Registration Fees \$  
Amount of Bursary Requested (up to a maximum of ): \$

\*Name of the organization or person to whom the reimbursement cheque is to be made should the bursary request be approved: \_\_\_\_\_

**Part 3: IMPACT OF THIS PROFESSIONAL DEVELOPMENT EVENT**

**Please respond to the following in support of your application:**

1. Please indicate the anticipated benefit to you and your organization or community.



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2. Please indicate who will benefit from your attendance at the event and how you plan to apply and share the information you learn with your organization or community.

**Part 4: SIGNATURES**

1. This application must be signed by you and an official signing officer from your agency, if your agency holds the KAAAV membership (see below).
2. Applications will not be accepted without digital or printed signatures.

**I have read the guidelines for the K.A.A.A.V. Bursary and respectfully submit this application for review. I understand that the final decision rests with the Selection Committee. I also understand that if I am successful in obtaining a bursary, the K.A.A.A.V. Bursary will be awarded in the form of a reimbursement cheque once proof of payment (email copy of registration) and attendance and my brief written report and/or presentation have been received by the Bursary Committee chair.**

<b>Signature of Applicant:</b>	<b>Date Signed:</b>

Please indicate who holds the K.A.A.A.V. Membership:  I do  My agency does

**If agency holds the membership a signature from your supervisor or board member is required.**

<b>Name and Title of Supervisor/Board Member</b>	
<b>Signature of Supervisor/Board Member</b>	
<b>Date Signed</b>	



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### **APPLICATION CHECKLIST**

Please ensure that **all** of the following are answered in your submission.

PART 1 : Applicant Information
PART 2 : Bursary Request
PART 3 : Impact of Professional Development
PART 4 : Applicant's Signature Sponsoring Agency's Signature (if applicable)

**Please submit completed application by email to the Bursary Chair to:**  
[epie@cogeco.ca](mailto:epie@cogeco.ca)